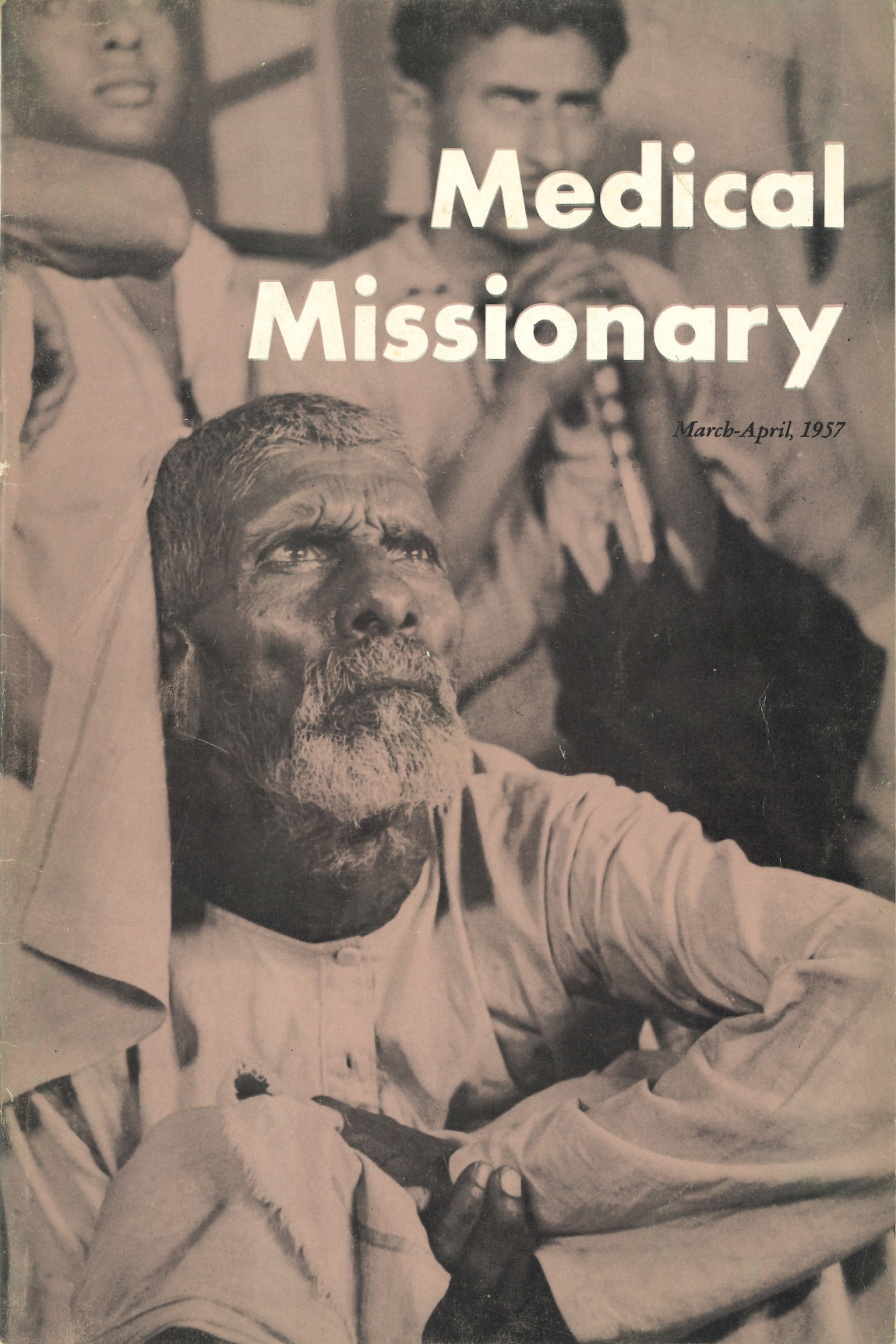

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the medical missionary

HORIZONS OF FREEDOM 33
Sr. M. Angelica

CHOLERA 36
Sr. M. Adelaide

RICKSHAW RIDE 38
Sr. M. Aquinas

"O" WARD 41
Sr. M. Carol

MEET MR. CHASE 44
Sr. M. Adelaide

PATNA NURSES TAKE THE STEP 45
Rev. G. Ziebert, S.J.

ANNUAL REPORT—1956 48

TRAVEL AT YOUR OWN RISK 50
Sr. M. Carol

GOD IN THE EAST 52
Sr. M. Adelaide

FOCUS ON: The WORLD 55
Sr. M. Richard

BISHOP ANASTASIUS HARTMANN 58
Sr. M. Cuthbert

MEDICAL MISSION WORLD 63
Sr. M. Marion

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Cover: A man awaits examination at the TB Control Demonstration and Training Center, Patna, India. 500,000 die each year from T.B.

editorial

HORIZONS of freedom

the story of Holy Family Hospital PATNA, INDIA

Rev. Frank Loesch, S.J.

"When Mahatma Gandhi of Sacred memory, and Rajendra Prasad, President of India, Shri Augrah Babu, and an innumerable host of their colleagues planned the freedom of India as a Nation, their plans included not only the liberation of the country politically, but freedom from want, and above all, freedom from disease. . . " Thus spoke the Rev. Frank Loesch, S.J., at the laying of the cornerstone of the new Holy Family Hospital in Patna, India, to a gathering of 1500 people. In building this hospital, Father Loesch reminded them, Medical Mission Sisters were continuing the history of free India, begun a few years before in the historical Sadaquat Ashram (birth-place of India's freedom), next door to the new Hospital.

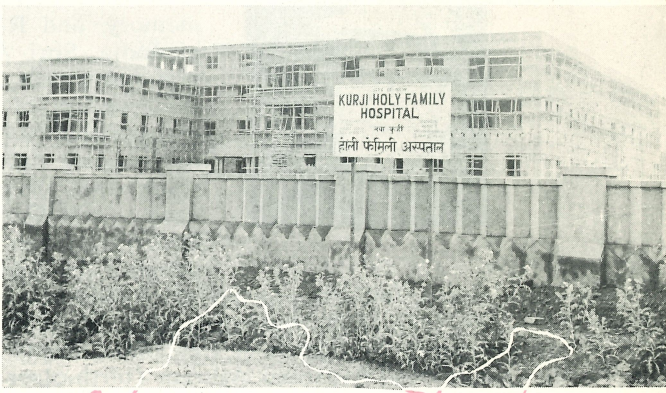
The new nation of India inaugurated its first Five Year Health Program eight years ago, shortly after its Declaration of Independence. Medical Mission Sisters began their battle for Patna's Health 17 years ago. When they arrived in Patna mission in 1939, they found vast numbers of people suffering from every conceivable tropical disease common to India, as well as those found in colder climates. Filaria with resultant elephantiasis was common. There were so much typhoid, malaria, tuberculosis, dysentery, leprosy, bad housing—all squeezed and crowded into one little area containing 200,000 people. More heart-rending than anything else was the number of mothers and babies who died without proper medical care.

And right in the heart of it all, the Medical Mission Sisters settled down in the old Cathedral and its historical compound loaned to them by His Excellency, Bishop Bernard Sullivan, S.J., to start the first Catholic Hospital in Bihar. Sr. M. Laetitia, R.N., an experienced pioneer, literally rolled up her sleeves and went to work. One small building was converted into a hospital of 20 beds. Another one of five rooms, into a convent. The Cathedral housed

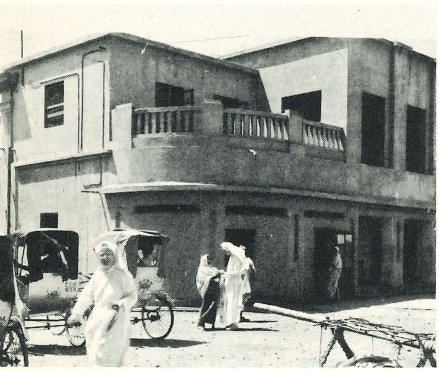
the Blessed Sacrament and became the Sisters' chapel. When the work and the number of patients increased, the Sisters were allowed to move their living quarters into the Cathedral itself. The original sanctuary became the chapel and the rest was walled off into cubicles.

Within the Cathedral compound, known as *Padri-ki-Haveli*, or "Garden of the Fathers", the inscriptions on the tombstones date back to 1760. The Jesuits first came to Patna in 1620. In 1707, a band of Capuchin missionaries on their way to Tibet founded a mission station in Patna. The Jesuits returned again in 1715 and remained until 1721 when the district was incorporated into the Capuchin mission of Agra and they carried on through many vicissitudes until the present diocese of Patna was confided to the care of American Jesuits in 1921. The Cathedral building is the same one for which the cornerstone was laid in 1772, and used by the Saintly Bishop Hartmann, the Swiss Capuchin.

New Hospital at Kurji, opening this Spring.



Old Holy Family Hospital, Patna City.



Patna is a ribbon city, consisting of one long street, many miles in length. Outside the narrow gate of the hospital compound, there are hundreds of tiny shops selling vegetables, brassware, cloth, etc., all squeezed and huddled together. The narrow gate keeps the bazaar and its population out of the yard but it also attracts the poor, the sick, and the afflicted. The hospital is like an oasis in the desert to them. They know that once inside the gate they will receive kindness and the devoted care of those who are interested in them personally. No wonder they came in droves!

It seemed as if Holy Family Hospital suffered from growing pains from the very start. Soon the patients were sleeping on the ground. Temporary buildings were added on all sides—a quonset hut for the nurses—until the assorted buildings reached a 175-bed capacity—bulging with patients—men, women and children, mostly the poorest of the poor, all begging to be freed from their pains with pills or operations.

The narrow gate of the hospital compound attracts the sick and poor.

As in all their missions, the Sisters began a training school for nurses shortly after their arrival. Santal and Bihari girls applied for admission and were accepted. Later they were followed by Moslem and Hindu girls from all parts of India, so that today Holy Family Hospital Nursing School is a Grade A training school, one of the largest in the Orient, with an enrollment of 113 students. In the past 15 years it has proved to be a valuable contribution to the Nation's health-personnel program for more trained nurses and midwives. India still needs more nurses!

Each year, the crowding in the old Hospital and the lack of facilities seemed to become worse, if that were possible. The operating room was only big enough for one table and in the hot season it was a veritable oven. The kitchen flowed out into the verandah. The nurses had no study, their only hope was to find a shady spot in the cemetery sitting on a tombstone. Isolation was almost impossible in the wards where the beds were so close the Sisters had to literally climb over the relatives to care for the patient. There seemed to be *never* enough beds, *never* enough equipment, *never* enough space for any department. It was like playing a continual game of checkers—moving the patients upstairs, downstairs, outside, inside, as the need arose. Sisters, doctors, patients, all dreamed of a larger, more adequate hospital with freedom to work, freedom from noise, freedom to take in all the patients, clamoring for admittance. That was ten years ago. A plot of ground was given by the Jesuit Fathers at Kurji on the Ganges River and begging and building began.

The dream has come true. The big move to the new 300-bed hospital will take place this Spring—thanks to the unfailing support of benefactors and a loan from the government. Last year, the old crowded hospital cared for over 51,000 patients of whom 6,145 were in-patients; over 2,000 operations were performed. This year Medical Mission Sisters in Holy Family Hospital on the Ganges born, near the birthplace of India's freedom, pledge themselves anew to bring new hope and healing to many more thousands of Patna's citizens in the years to come. They feel privileged to work with Free India in the battle against poverty and disease. *Sr. M. Angelica*

CHOLERA!

Sr. M. Adelaide

Holy Family Hospital, Patna City, was crowded; there was no place in the wards for isolation, so the patient was put on the verandah, protected by a screen. She was a cholera case, brought in early in the morning with practically no pulse, and very slight chance of surviving. However, a Sister and a nurse worked over her all day, pouring intravenous saline into her arm, and subcutaneous into her legs. At four o'clock that afternoon she was out of danger and the nurses left for a few minutes. Returning, they found a slight change in their isolation set-up. The patient had, indeed, revived. Feeling thirsty she had taken a drink nearest at hand—the basin of lysol water at the foot of her bed which had been used for disinfecting hands. She was back in bed peacefully relaxed. The next morning she walked out—cured, being thoroughly disinfected inside and out!

The real home of cholera is the delta of the Ganges River where the disease has been endemic for centuries — and here our hospital is located. So year after year the above scene is reenacted—each personality lending the story a slightly different turn. The lady who recovered with "syrup in her veins" because the little nurse's mathematical ability was not able to cope with the doctor's orders regarding the proportion of saline and glucose—that was ten years ago. This year Sister tells the story of the dying man who came in late in the evening and was put in the out-patient waiting room, his bed, two wooden benches pushed together. By next morning his dehydrated body, weak pulse and totally collapsed state had returned to normal, and upon doctor's visit, his only complaint, a "loose tooth".

Last year the heaviest cholera epidemic was in July. There was a short early rain and then dryness for some days. This is the climate the *Vibrio Cholerae* likes. The patients came in—sometimes a dozen a day. That does not sound like many, but a little calculation will prove why it is many to us. Each cholera patient may require up to four or five thousand c.c. of intravenous saline within the first twelve hours. Our daily output in the pharmacy is 15,000 c.c., and that is work-

ing the little pressure cooker very hard. (The bottles break in the large autoclave and then we have nothing.) Many times due to the fuzzy, inferior filter paper only 50% to 75% of this passes inspection for intravenous and must go for subcutaneous use. When a doctor insists on only intravenous injections a problem arises. During July we contacted all the drug companies in the city, bought up all their stock — many times there was no stock.

Here is a picture of a day in July which would never have been noticed by an outsider. The Sister-Doctor was in retreat, the Sister-Pharmacist was away, a little Indian Sister student was doing her best in the pharmacy. When *five* cholera patients appeared over the weekend, she realized the situation was not under control and reported it. Her helpers had been pouring 10,000 c.c. of saline a day, only half of which passed her severe inspection — this pouring being done while also trying to attend to patients. On Monday morning we determined to increase the output. Of course we had no room in which to make the solution. The site of operation was the sink and drainboard in the male doctor's examining room. The sink was so high that the little student had to stand on a stool to pour. There were only four on duty in the dispensary and approximately 200 patients appeared that morning for treatment. Where to get a careful efficient pourer who was not already on duty in the O.R. or in charge of a ward? The housekeeper was the person— so that day the kitchen came to the pharmacy. The output was 95% and the crisis passed. "Why," you may ask, "do you make the solutions in the hospital?" Because then we do not have to worry about their being safe, and because it costs only one-third the price of anything which can be purchased. The poor come in— we give it free—and we, could never afford Rs. 50-0 (only a little over $10.00) for the cure of each.

This is why in the new hospital, we look at the empty solution room in back of the future pharmacy and *pray that someone will provide the equipment for distilling, filtering and sterilizing the fluids which literally mean life and death within a few hours.* Two months ago over in the new hospital at Kurji, the Father in charge of the building had just finished Holy Mass, when a very urgent message came from a servant who was waiting downstairs to see him. Listening to the conversation, I was puzzled at Fathers' patience with this thoughtless-pre-breakfast intruder. "Father, I feel a little queer," he was saying. "Do you think I should go to Holy Family Hospital, Patna City?" But when I heard the entire story, I admired his foresight. The day before two members of his household collapsed because of cholera; one died on the way to the hospital and the other recovered after Rs. 100 treatment. The characteristic vomiting, diarrhea, and dehydration strike swiftly, and frequently when a patient is brought into the hospital a spokesman goes ahead announcing—CHOLERA.

Sr. M. Adelaide is on teaching staff of the Nurses Training School, Holy Family Hospital, Patna.

Rickshaw Ride

Sr. M. Aquinas, R. N.

A rickshaw, Patna-variety, is half bicycle in front and imitation leather lined, two-wheeled, two-seater in the back. This produces a three-wheel conveyance. There is a collapsible hood similar to those seen on baby carriages, the most practical use of the hood is to fulfill the functions of a sunshade, the most interesting is to provide a framework for curtaining, which makes the rickshaw a most suitable conveyance for purdah ladies.

If you are new to Patna City, you will want to dispense with purdah and see what there is to be seen. Hop in the back seat, and our shoeless rickshaw walla is ready to go. His shirt looks like an under-shirt dyed black, and the way that length of cloth is draped around him entitles it to be called a dhotie.

As we leave our hospital compound we pass the cows being milked. It is true they are mooing in disturbing proximity to our private rooms. However, if you notice, they

Crowded shops in an Indian bazaar.

are not on our property, just next to it. What can we do? The milk is being sold to relatives of our patients mostly. They will carry it to the patient's bedside, after having it boiled (we hope)!

The man sitting cross-legged on the floor in the little shop and tapping away at something supported on a narrow upright is making bangles, ornamental arm and leg bracelets. This is the neighborhood for gold and silversmiths. On night duty, when the other street noises are stilled, the rhythmical tapping continues. I enjoy hearing it and feel a sort of companionship with this unseen fellow who is also awake in a slumbering world.

Did you ask if we have stores with glass windows? Well, surely, but you must wait until we reach Bankipore. Here the shops are fronted with removable wooden sections. The floor level of all shops is about 18″ above street level, about six feet frontage, wouldn't you say? I am not sure how far back the premises extend. Numerous families emerge from these depths. The shop platform can be gained by mouting the two feet wide-by two steps high stoop which bridges the street-drain-sewage disposal. Most shop-keepers handle sales from their lordly position. I wonder how much psychological advantage it gives them over the street level shoppers. After the shop opens their utensils are hung up, giving the shops a garlanded appearance. As we proceed, we pass garlands of every imaginable type and some you never would have imagined. Strings of Kerosene lamps of aluminum *deckshies* (sauce-pans without handles) of wooden shoes, cotton saris, plastic toys, paper kites, hand-fans of peacock feathers, cashmere shawls, etc. Those are the tea shops and sweet shops. This year our hygiene class made a model of an unhygienic and hygienic tea shop. They found illustrations of both types in Patna City Bazaar. The soft

The slow-moving bullock cart is a familiar scene on the Indian street.

drinks, come in much more brilliant hues than those in N.Y.C. I have no information on the gustatory discrepancies. That shiny stuff on the sweet is not tin foil, but silver, hammered thinner than tin foil by our Patna City smiths. It is intended to be eaten along with the candy. I couldn't taste any difference. However, there is a definite price differential. Silver has antiseptic properties, perhaps that is why it is employed in sweet-making.

This section we are in now is called "Pacchim Darwaza" and the column is an authentic relic of the Western gate. It is a reminder of the glory of King Asoka's Capital City, Pataliaputra. It is the gate of one of the cities which followed Pataliaputra.

Here is Bankipore now and behind those walls is the century-old St. Joseph's Convent High School, of the Sisters of the Institute of the Blessed Virgin Mary. We have three of their Indian members in our nursing school. The convent Chapel is the Pro-Cathedral and the Bishop lives in that house to the left. Our "Church of the Visitation" in the Holy Family Hospital compound is the real Diocesan Cathedral.

It is refreshing to be on a broad street again. And there are your shops with glass windows. Bata shoe store reminds me of "Miles Shoes" in N.Y. The window displays are equally intriguing.

There are the Patna University buildings and the Medical College Hospital is ahead. Sr. Bertrand and I were at the opening of the new 250-bed Rajendra Surgical Block. It is named in honor of the first and present President of India, Shri Rajendra Prasad, whose home is in Bihar. Though this hospital has 1000 beds it doesn't begin to meet the needs of this section. I admire the few nurses who work there. Imagine trying to provide nursing service to 1000 patients.

That is St. Xavier's, the Jesuit Parish, across the maidan (large plaza for meetings bigger than Patna City now) and this is Digha Ghart —a docking area for the steamers which ferry passengers and produce, from the north bank of the Ganges. She has defied bridge builders for years. At present the Mokameh bridge project is going full steam ahead. Time will tell what effect that will have on this trading center, Patna.

Don't you have to chuckle at those bullocks chewing in time with each other. These carts will be loaded up tonight and brother bullock will pull them to the pleasing tinkle of his neck bell all night. For he may not use the road during the day. On another rickshaw ride I saw a special bullock cart with a familiar flying red horse gracing the side of a big petrol drum. It certainly illustrated the incongruities encountered frequently in Patna. Now we are coming to the part of the road I like best, the Bankipore-Dinapore stretch, you might say we're in the suburbs now. The gleaming broad band of the Ganges stretching away to the right, reminds me of looking across Long Island Sound from Port Jefferson towards Connecticut, you can just about glimpse the vegetation on the other side. Here on the right, the mango groves begin.

This is Sadaquat Ashram, the place of Indian Independence. Yonder-road-bordering-tree is an ancient Ashok. Its trunk must be five feet in diameter and just behind its massive height you glimpse Kurji Holy Family Hospital. Let us bring our ride to an end here. You say your neck is sore. Well let's see if we can find some Methyl Salycilate ointment in the cupboard.

Sr. M. Cuthbert

Would you care to make quick rounds with me before the doctor's official one? You can meet some of my friends and I assure you it won't be boring.

As you approach "O" Ward verandah, beware of the *sathies* (patients' relatives) who are going through their patients' heads, strand by strand. Sister Leonie always smiles complacently and wishes them "Happy Hunting!" Now you enter "O" Ward proper. It consists of ten cubicles, a six-bed general ward, and seven beds on the verandah. You can't get far into "O" Ward without a word to Bhagwathi. She is just thirteen and everyone's friend. She is quite adept at giving the history on every patient in the ward. They haven't been in it five minutes before Bhagwathi knows their whole life story. She is a lovable little lady and I suspect she is secretly praying that her TB hip won't heal too fast this time. Last year she spent six months with us before it stopped draining. Her first trip out of bed was when we carried her to church for Benediction. You should have seen her face as she watched the wonderful proceedings with awe. She had never been in a Church before. After that she would beg every day to go to church. Slowly she learned about all the statues. Now, she spends a long time over the Stations—she knows suffering well and like the story of God who suffered for His creatures. She became a familiar figure at daily Mass and never missed a social function. During her long sojourn in bed she got nice and plump. When she finally could walk again, she was a help to the nurses in many ways. And then she went home to her village. Her father supports the five children on a small plot of land. They live in a one room mud hut and never have enough to eat. So within a few months Bhagwathi was back—thin and sad—her leg again painful and swollen. She has learned many things—can read and write in Hindu, knits, does simple embroidery, and is learning English.

Here is Sona Devi, she is terribly anemic and blind in one eye and has very little sight left in the other. She has three children and is so weak and sick she keeps begging her husband to throw her into the Ganges. The

Sr. M. Carol, R.N. (Hammond, Ind.) and Baghwati.

poor woman just can't face life any more. Her *sathi* is deaf, so our conversations are always a bit uproarious. If anybody has an old ear trumpet she would be a good prospect! The dear lady insists that if we'd only give Sona Devi one glass of Ganges water to drink she would be cured!

Next meet Siami. She was operated on last week for obstruction. She is stowing away rice now as if she had never parted with a sizable piece of gangrenous intestine. Her woman relatives wanted to bring her as soon as she got the pain, but her menfolk insisted on trying native medicine first, so by the time she arrived she was doubled up with pain and gave doctor a struggle during the operation. The family just took it for granted that she'd live—they have learned to expect these miracles.

Zubeda is one of our stars. She came from a far-off village where no medical care is available. When her first child was born three months ago the Indian midwife could not handle the case and finally they carried her to the nearest hospital where her child was born dead, and the mother suffered from the consequences. She was a pitiful sight, indeed, when she reached us—depressed and woebegone. After surgery she had to lie for ten days flat on her stomach and it was only by constant cajoling and encouragement that we got her to persevere. Finally came the happy day that the catheter was removed and all was well. I don't know who was happier—patient or nurses! Zubeda will go home in a few days ready to face the future again with joy in her heart and confidence that when her next baby is due she can trust us to usher it safely into the world.

Now a minute with Ram Pyari. She is what they call a *pugali*—mentally ill. She had more trials than her seventeen years could cope with. Two months ago her second child died when it was only five days old. Her

first son had died of tetanus shortly after birth so this second tragedy left her raving and ranting day and night. When she was admitted the whole ward was in constant turmoil at her shouting. It was with great relief after several treatments and medicine that we saw the light of reason returning to her eyes. Her husband promised faithfully to bring her to us for her next confinement and prevent a third tragedy.

And so life goes on—pathos and humor always counter-balancing as only Divine Wisdom can do it to keep our equilibrium with joy in His service.

Baghwati, everyone's friend, helps prepare cotton balls for the patients.

LEAGUE OF GRATITUDE

Three-fold Purpose: *to thank God for the priceless gift of FAITH*
to help bring that gift to those in mission lands
to share in all the works, prayers and sacrifices
of the Medical Mission Sisters throughout the world.

Dear Mother Dengel,

I want to become a member of your LEAGUE OF GRATITUDE. As long as I can I will send one dollar or more a month. Please send me a monthly reminder.*

Name .....

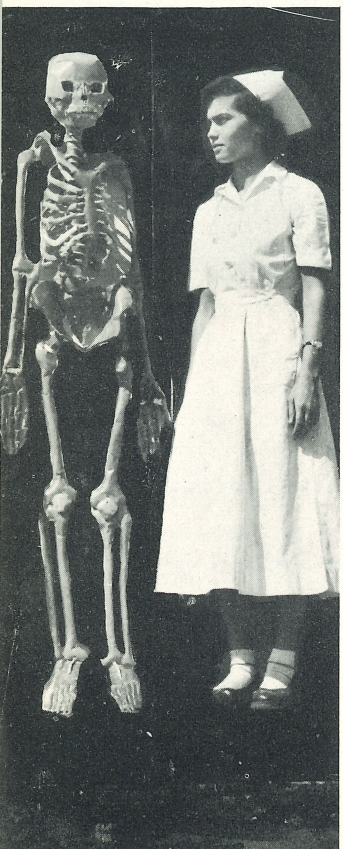
Street .....

City ..... *Zone* ..... *State* .....

*(*May be changed or discontinued at any time.)*

meet Mr. Chase...

Sr. M. Adelaide



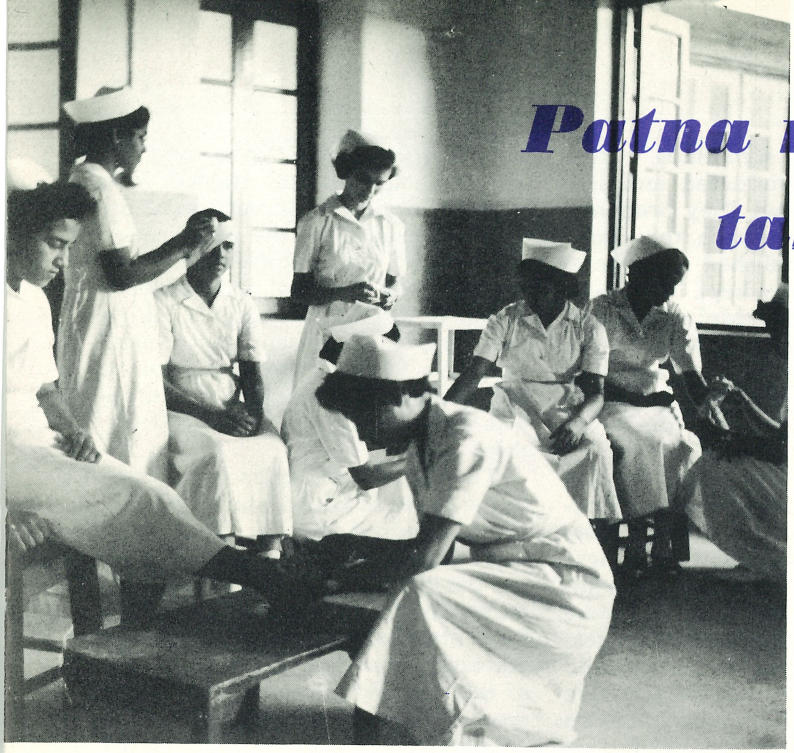
"You can shake hands with him. He's a skeleton to be sure but a very beautiful skeleton, anatomically and artistically. He's going to win a prize at the annual convention of the Trained Nurses Association of India, to be held in Calcutta—or so the probationary nursing students of Holy Family Hospital, hope."

"Mr. Chase II," (this is his name) has evolved over a period of weeks. He bears the same relation to Mr. Chase I as Charlie McCarthy bears to Edgar Bergen. The details of his creation are known only to the new students who began their studies at the new Kurji Holy Family Hospital, August 1st. In Anatomy class the skeletonal system was not penetrating all of the craniums listening to the lectures. So on the eve of Sister Leonie's silver jubilee when we visited Patna City, we robbed the cabinet in the classroom containing the model skeleton (one leg and two arms have fallen off). According to tradition our early Sister pioneers of teaching in Patna, lovingly collected the bones from the Ganges and strung them together. We smuggled it into the bus and did not tell St. Michael's driver that two students were carefully holding "it" on their laps. Thereafter, "it" dangled from the bolt on the door of the temporary classroom.

Cautiously in class one day teacher brought up the question of a name for "it". Bright class—they had it all figured out. "O, Sister, we call him Mr. Chase"', they had no idea of his age. So the lovely young lady, "Miss Chase", reposing on the bed in the demonstration room got a companion.

"Mr. Chase" stayed with us in anatomy class through the skull, the face, the thorax, the vertebrae, and the appendages. He became an old friend. When Sister announced that the probationary students had to make an exhibit for the nurses convention, and that it had to pertain to anatomy, it was decided to make a double of Mr. Chase.

"Mr. Chase II", is shades of cardboard, a study in color—his figure is waxed, his scapula is curved, his ribs have been carefully measured, one of his best vertebra was stolen by a rat, the bones of his hands are outstanding, and the arch of his foot is so well formed that it will never fall. Creating him has caused much anguish. "Oh, Sister, it is so hard —how can we make him?" "It is supposed to be hard to win the prize"'. Finally, Mr. Chase II traveled to Calcutta in a trunk.



Patna nurses take the step

Rev. G. Ziebert, S. J.

There are 113 student nurses in training at Holy Family Hospital, Patna, India.

When the Catholic Hospital Association of India had its annual conference in Hyderabad in 1951, Sr. M. Cyril, then Superintendent of Nurses at Holy Family Hospital, Patna City, was confronted with this question: Were there any existent Nurses' Guilds in India? On immediate inquiry she found that there were two, one in Secunderabad and one in Calcutta. Representatives at the conference saw the need of establishing guilds as soon as possible in various dioceses, primarily, to acquaint the nurses with sound ethical principles in the face of "Family Planning" propaganda. Before the close of the conference every representative present promised to do her best to inaugurate the Guild in her sector.

Sr. M. Cyril on her return from Hyderabad immediately saw me and asked what the possibilities were. There was no time lost. Together with the collaboration of the Sisters in Patna the stage was set. Four months after the conference, in May 1952, the Catholic Nurses' Guild was inaugurated in Patna. Thirty-five nurses were enrolled from Holy Family Hospital and Patna Medical College. Regular classes, meetings, get-togethers and socials were arranged to build up enthusiasm among the nurses. And through this enthusiasm we hoped to make the Catholic nurse really love her Catholic life and profession. The nurses listened and began to realize that the

Graduation Day for Nurses. The Teacher receives the garland.

nurses' Guild was something worthwhile. As they graduated and left their training school, they promised to keep in contact with the Guild and have it established elsewhere. Their promises were kept. The Guild spread to Ranchi, Mokameh and Jamshedpur. The letters from the nurses also pointed out an important factor, the need of a little paper to keep nurses informed of the progress of the Guild.

When the nurses heard of this idea, they responded at once. Practically every one took to letter-writing. Results showed two things: first, that the nurses have painstakingly protected their own Catholic life and when in difficulty professionally, have sought advice and counsel. Secondly, that nurses have some fine ideas. With their ideas we succeeded in putting a column in the paper which is edited by them.

After some time Sr. M. Cyril was transferred to Delhi. Sr. M. Bertrand replaced her. The training school grew. Like Sr. M. Cyril, she too insisted that the Nurses' Guild must develop more. Whenever there has been a meeting or some function for the nurses, Sister has given them every help and opportunity to attend. Not only that. She looks forward to a greater initiative coming from the nurses so that leadership among them be developed. This we have been pushing all along to meet many a disappointment. Careful planning and untiring efforts result only in a meager response. Then at other times, the nurses' enthusiasm is so surprising that one wonders where the spark really started. Yet, through it all this is very evident; the efforts made for the nurses have not been in vain. Nurses have left Holy Family Hospital and suddenly bloomed forth. They began taking the lead. And present facts show that the lessons and activities of the Guild are bringing forth nurses who have the capabilities of leadership.

The Guild in Patna has developed to the Guild of Bihar, taking in some three hundred nurses. That is a marvelous growth in four years. So too has the little paper grown. Even other Guilds outside the diocese ask for a little column. When I sit down and study the whole situation I think of what the Fifth International Congress of Catholic Nurses said at the conclusion of its meeting in Quebec in 1954.

"That all possible efforts be made in every country to obtain a better coordination between various Catholic organizations interested in health and welfare; and that practical means be studied to bring about this coordination and to establish contacts necessary to ensure joint meetings between these organizations."

Since 1951, much work has been done. The Guild has not only been at work in Bihar but in other parts of India as well. It looks like the recommendations of the International Congress will soon be realized, namely, to have the Guild established nationally.

May They Rest In Peace

Please pray for our recently deceased benefactors and friends

Rev. C. Kavanaugh, Waterbury, Conn.
Miss Mary Bond, Philadelphia, Pa.
Miss Joan Downey, So. Ozone, N.Y.
Miss Katherine Horne, Arlington, Va.
(Sr. of Sr. Marion, S.C.M.M.)
Mr. W. P. Howe, Westbury, N.Y.
Mr. Edward Jardel, Phila., Pa.
Mr. William Kauffman, Palo Alto, Cal.
Mrs. Joseph McDermott, Phila., Pa.
Mrs. Mary Moore, Westbury, N. Y.
Mr. Stanley Mysliwiec, New Britain, Conn.
Mr. Fred Treubig, Queens Village N.Y.

Silver Banners for Sr. M. Leonie, M. D.

Sr. M. Adelaide

Sr. M. Leonie, M.D. (right), and Dr. and Mrs. Chandry of Quillon, chosen to be the Vatican Delegates to the XIV International Tuberculosis Conference, New Delhi, in Jan. The subject was: ambulatory treatment of T.B. applied specially to underdeveloped countries. More than 50 countries were represented. Mr. Nehru spoke on world cooperation.

Patna hung up silver banners on September 8th, and Sister M. Leonie, M.D., the superior, administrator and doctor of Holy Family Hospital was buried under garlands of flowers and tinsel. She is the fourth Medical Mission Sister doctor to celebrate her twenty-fifth anniversary of Profession in the Society. With 175 patients in old Patna City under her care, the responsibility of the new hospital being built, the only sister surgeon in Patna's Holy Family Hospital, and all the other duties connected with the triple office, the hospital staff conspired to make her take a trinity of days to celebrate.

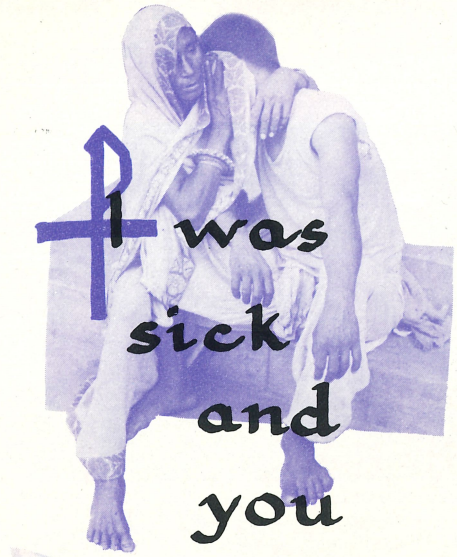
Born in Java of Dutch parents, educated at Trinity College in the United States, she studied medicine at George Washington University in the District of Columbia, after entering the Society of Catholic Medical Missionaries. Upon completion of her internship at St. Joseph's Hospital, in Baltimore, Maryland, Sister came to Patna in 1941, as the first Sister-Doctor in the hospital which had been opened in 1939. She went to Rawalpindi the following year, to return to Patna again in 1951.

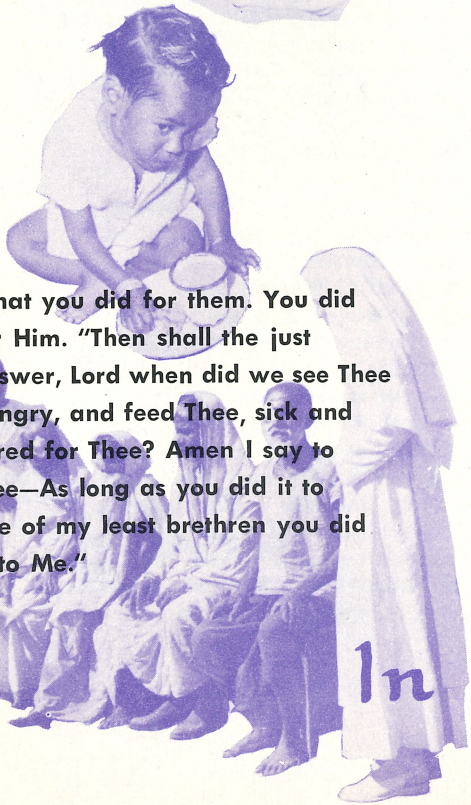
On the eve of the Feast the student nurses gave a play entitled "Christ and Women". Between scenes the probationary students filled in the intervals with song and dance. Kunwari Savitri Gupta in an interpretative Indian dance let showers of silver fall at Sister's feet.

The Reverend Fathers of Patna Mission arranged as a surprise for Sister Leonie, a Solemn High Mass on the morning of September 8th. The celebrant, deacon and subdeacon were priests whose lives had been saved by Sister's surgery. After Mass a line of nurses, staff and personnel, stretching almost the length of the compound, placed garland after garland around Sister's neck. In the afternoon religious from nearby houses came for tea, and in the evening the Sisters had a private entertainment. The following night the students put on a variety show.

Sister received many lovely gifts some of which will be useful for the new hospital. Besides the many spiritual bouquets, the crown of the Silver Jubilee was the Papal Blessing sent through a Sister of Notre Dame, the aunt of one of the Patna Jesuits, who resides at her Motherhouse in Rome.

I was sick and you cared for Me...





What you did for them. You did for Him. "Then shall the just answer, Lord when did we see Thee hungry, and feed Thee, sick and cared for Thee? Amen I say to thee—As long as you did it to one of my least brethren you did it to Me."

AN

patients cared for	600,52
in-patients	70,019
out-patients	530,50
babies born	10,454
operations	17,524
major	4,567
minor	12,957
nurses & midwives in training	289

In His Name we

NUAL REPORT 1956

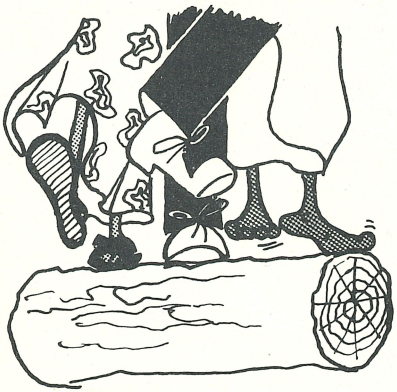
ours and YOURS

YOU helped us care for ½ MILLION poor sick and suffering patients in our 26 Medical Centers located in:

INDIA
AFRICA
PAKISTAN
INDONESIA
SO. AMERICA
SO. U.S.A.

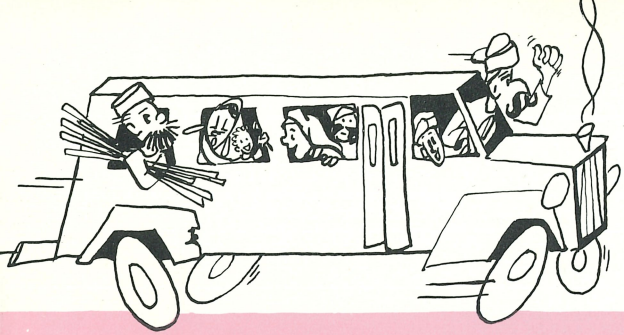
thank you.

travel



All that Sr. N. Leonie said was, "Take the bus out to Kurji today and spend a few days with the probies until Sr. M. Adelaide returns from Calcutta". Now that sounds easy—just like taking the subway down to Times Square, but it turned out otherwise. Riding a bus here is unbeatable, anything goes. One lady got in with a huge basket of fish on her head and nearly asphyxiated everybody with the odor — to say nothing of the inconvenience of the basket bumping into everyone's head! Another man got in with a tree trunk about five feet long! The conductor (a bus always has a driver plus a conductor to *try* to keep order!) objected, but to no avail —the man made everyone lift up their feet while he shoved it under and we went merrily on our way! At the next stop in came a man with an armload of sugarcane—the poor conductor was hoarse trying to get him off but he would not budge, so on we went.

As he approached the second stop at the change, the conductor looked dubiously at me and then at the bus which was literally packed to the gills and said, *"Ap idhar baitegi?"* — Will you sit in here?" — although there wasn't even a toe-hold in sight—let alone a seat!! I replied *"Han"* —"Yes." So the good man preceded to pack the back row of women three deep to leave four inches free on the end for me! All eyes were centered on me as I squeezed into my apportioned spot with the fish basket dripping and exuding sweet nothings



at your own risk!

Sr. M. Carol, R. N.

on my clean veil, the tree trunk smudging up my freshly polished white shoes and the sugar cane trying its best to poke out my eyes! I smiled reassuringly at one and all and we were off. I forgot to mention that I had my lap full of books and clothes which I had to hang onto for dear life or they would have flown right out the window. The bus did not stick to a sedate twenty miles per hour in the city, but roared down the street, careening around corners on two wheels, and missing goats, chickens, and babies by a hair's breadth! It is routine for me to follow the prescribed *Memorare* on journeys by the *Act of Contrition.*

When anyone wants to get off—to stop this runaway horse is a major feat. They begin by banging on the roof, yelling "Roko"—"stop"—in every key and finally the conductor in desperation blows a whistle which would do credit to the Queen Mary in a thick fog, and the bus screeches to a stop, one mile beyond your destination. (if you're lucky.)

When we finally reached my stop I extricated myself from this menagerie, tired and limp but looking forward to a nice quiet weekend in the country. Alas, fate ordained otherwise. Sister Bertrand welcomed me with open arms. As she left to catch the next bus back to Patna, she pressed the afternoon schedule of classes for me to teach into my hands—the first one beginning in exactly five minutes—and so life goes on!

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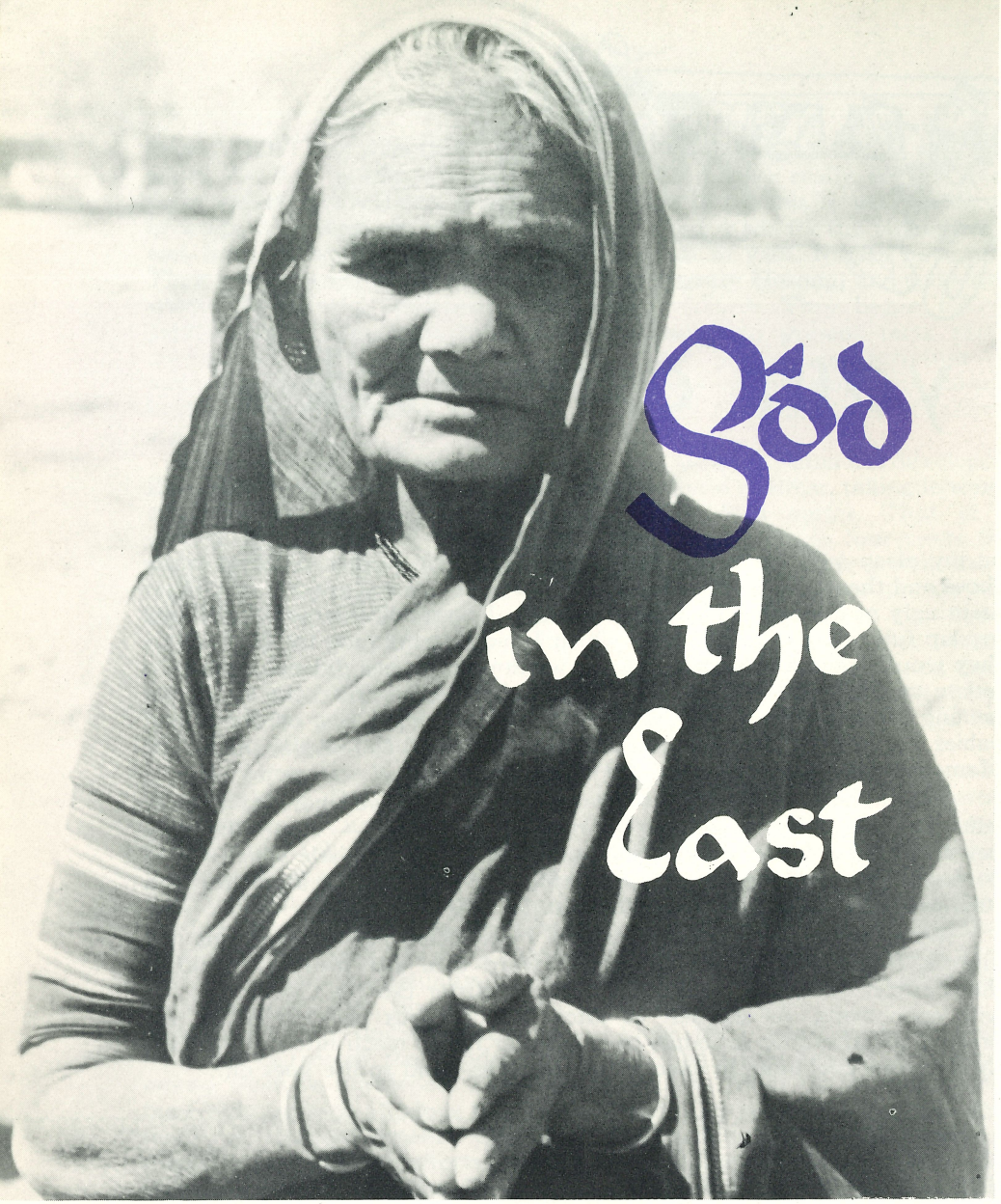


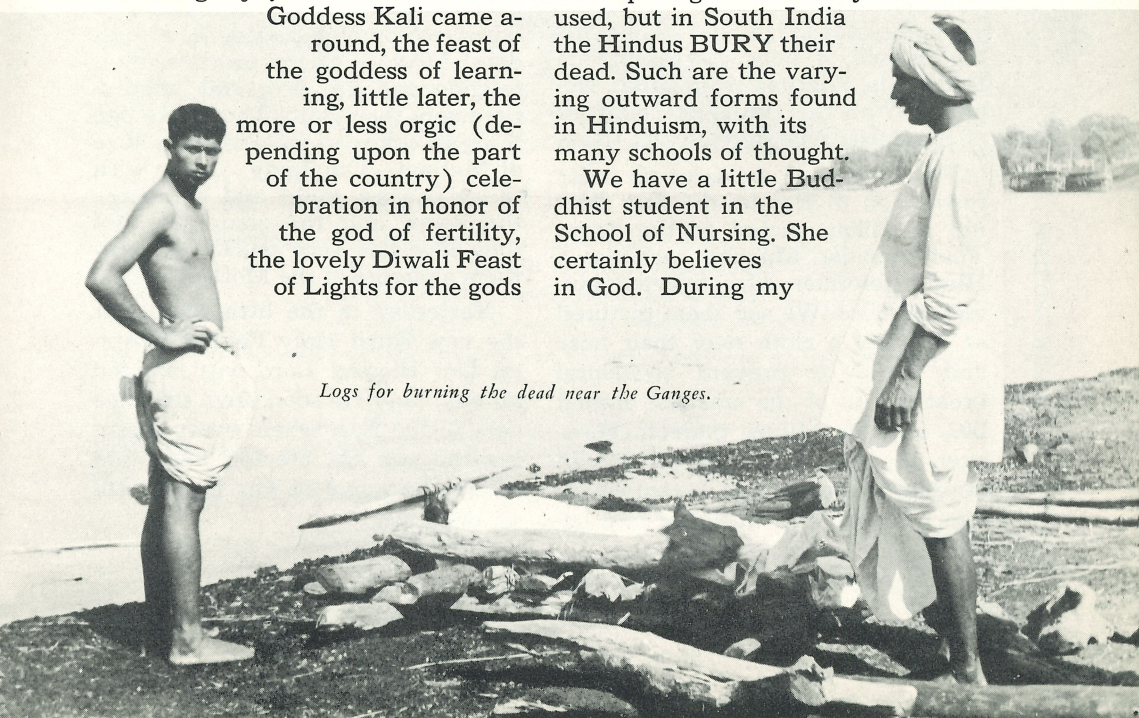
Sr. M. Adelaide

India is a land of religions and the simple lives of the vast majority of the population revolves in the particular orbit of the belief in which they were born. Their social, economic, political position for the most part is governed by Hinduism—a socio-religio-philosophical system embracing many concepts. The Constitution of the new India, and the great men who have brought about this independence, strive for justice, equality and fraternity, but individuals here and there possibly because of ignorance or prejudice make the realization of this ideal anything but easy.

There are learned treatises written about the various Oriental religions in an effort to get nearer to an understanding of the minds and hearts of the people. "Was Buddha an Atheist?", "Is the Hindu Conception of God Pantheistic?", "How Close Does Hindu Yoga Approach to Christian Meditation?" Reading these dissertations, only one well versed in the sacred books of the various creeds can begin to comprehend their meaning. But in simple everyday language we can draw the same conclusions by living with the people and observing how they look upon birth, life, and death.

When I came to India almost ten years ago, I understood that Hinduism was a religion of many gods. But for months in the hospital I saw little evidence of this. When patients were very ill they spoke of *"Bhagavan"* God, in such the same way as we do. When they were cured and ready to leave the hospital the small percent who always return thanks, like the one out of ten lepers in the Gospel, came to offer a candle, incense or sweets to *"Bhagavan"* in our Chapel. Then the *Durga Juja* in honor of the Goddess Kali came around, the feast of the goddess of learning, little later, the more or less orgic (depending upon the part of the country) celebration in honor of the god of fertility, the lovely Diwali Feast of Lights for the gods of the household. The conclusion—Hindus worshipped many gods. Was the first or the second impression correct? The learned treatise which I have at hand attempts to give the answer. "Popular religion is little concerned with problems of ontology. The popular Hindu worship appears at first sight frankly polytheistic. But every Hindu knows that if there are many devas, there surely is only one *Bhagavan;* the 'gods', or at any rate the gods that really count, are all forms of manifestations of the one Divine Being, whereas the crowd of lesser divinities and demi-gods are beings like ourselves who now enjoy the higher rewards." The inevitable belief in rebirth into another life, indirectly brings about the attitude which we witness so often—"the cheapness of life"—many born, many die, without too much display of a sense of loss. In our part of India the body after death must either be burned by the side of the Sacred Ganges, or if poverty forbids this, must be thrown into the sacred waters. If an unclaimed Hindu should die in the hospital, one of the above means of disposing of the body must be used, but in South India the Hindus BURY their dead. Such are the varying outward forms found in Hinduism, with its many schools of thought.

We have a little Buddhist student in the School of Nursing. She certainly believes in God. During my



Logs for burning the dead near the Ganges.

first year in India, I came in contact with Buddhism on vacation in Darjeeling when a young Buddhist woman was dying of tuberculosis. We nursed her for days and finally accompanied her seated-body in the sedan chair to its funeral pyre behind the Buddhist Monastery. Before she died she prayed fervently to *"Parmeshwar"*—God; and her husband the band master of the Gurkha police continually requested not only our medical care but our prayers. The learned paper beside me concludes, "Gautama Buddha did not invent a new faith. He merely modified an existing one. The essentials of Hinduism he retained." He may have been an agnostic but not an atheist. However, Buddha's followers did not all follow their Master's teaching. Whatever version of his teachings have been adopted, there are thousands of Buddhist monks seeking the Buddhist heaven —Nirvana, some in saffron robes, some in maroon. Last year we visited Nalanda University in Bihar at Budh-Gaya where the Buddhist monks had a flourishing university many centuries before Christ. It was in Bihar that Buddha attained his supreme knowledge, and today it is the holiest of holy places for the Buddhists. Pilgrims from Tibet, Nepal, and all the Buddhist countries of Southeast Asia may be met there.

From Nalanda we went six miles further on to Rajgir, the first Capital of Bihar, sacred to the Jains. Their founder, Mahavir, was also a Hindu reformer who rejected animal sacrifice. We see them pictured as wearing a cloth over their nose and mouth to prevent accidental breathing in of the smallest animal life, and the killing thereof. However, at the well preserved ancient temple, where one had to remove all foot covering and wash the feet before treading on the marble floor, the Jains sitting around seemed just ordinary people—not too much concerned with the flies and mosquitoes.

A block from our hospital in Patna City is the Har Mandir, the Sikh temple, the birthplace of the tenth and last Guru (teacher) of the Sikhs. In 1947, when they were driven from their homes in what is now Pakistan, they visited the shrine by the thousands from their nearby refugee camps. This reform of Hinduism has brought about one of the most striking, strong, and handsome race of men to be found any place in the world. The change from the strict vegetarian diet of the Hindu produced a large physique; and the change from passive submission to militant challenge produced a race of warriors. They are prominent in industry, in business and military life.

Closest of all in proximity are the Moslems. They are our employees and our patients, because Patna City has a considerable Moslem population, from the days when they were the rulers of the ancient city. We seldom see their use of the sword except if caught in the midst of a big street demonstration on a feast day. Most of them practice their religion and are firm and unquestioning in their faith. They have one thing in common with us, their love of Mariam—Our Lady. If you wish to get a big smile and a sincere thank-you and the assurance that they love her very much, just give them a picture of the Mother of God.

Yesterday in the little chapel at the new Kurji Holy Family Hospital Our Blessed Lord was exposed all day. May He soon reign supreme here in the East where every morning the sun He created rises, and where the name of His Son is still so unknown.

focus on: the WORLD

Sr. M. Richard

The thinking Catholic cannot help but turn his attention towards the world during these days when the mysteries of Our Lord's passion, death and resurrection are being unfolded before us. On almost every page of our Holy Week Missal, we find references to the world, to mankind, to our earth's universal cry for mercy. We feel a sense of solidarity in our common origin and guilt and most especially in our common need of redemption. All men seem to become one man; one man waiting for a God-man to deliver him from death and restore him to everlasting life.

We cannot even imagine Christ mounting the gibbet of the cross with a selected group in mind, one hemisphere and not another, this nationality and not that one, this period of time and no other. We adore Christ, we praise Him because by His cross He redeemed nothing less than the whole world. He died for the world. He rose from the tomb to share His life with the world.

It is God's plan that the world receive this life through the Church. The Church is meant to give the world its purpose, its unity, its way of return to its Maker. As members of Christ's Mystical Body, the Church, we have a responsibility towards the world. We must pray in the place of those men in the world who do not pray. We must offer ourselves to God in their stead. We must imitate Christ who gave us an example of how to love. God's message of redemption must come through our lips, must be revealed in our lives. Our silence, our refusal to co-operate may prevent the communication of this message to those who still need to learn of Christ's life, death and resurrection and its meaning for men.

Catholics are indeed "lovers of the world." Our wish is to awaken every corner of the globe to the joys of the resurrection, to make it vibrant with Christ-life. Our hope is for a world unity, a real oneness of humanity based upon the acknowledgment of the Fatherhood of God and the universal Brotherhood of Christ. It is our vocation to portray this unity in the integrity of our lives, in our prayers for the world, in our universal charity, in our oneness with Christ and His Church.

Until that day comes when all nations, all civilizations, cultures, and languages, and peoples, will have been united, the Church remains incomplete. Until that day, the members of the Church will wage a ceaseless crusade for unity. This crusade is, in other words, the Church's missionary effort. It is an effort that will continue until all humanity is "at home" in the Church, until all the world unites in one voice to sing with the Church the one song of praise to the Creator.

The missionary is a sower of seed.
His task is to sow the seed of God's Church
in the soil of every nation
on the face of the earth.

His vocation is rooted deep in the soil.
It is a response to God's call:
"Why stand ye all the day idle?
Come into My vineyard."

The missionary loves his field of labor.
He is not put off by the hardness of the soil,
the rock of unbelief,
the stubble of daily difficulties.
They challenge him only to dig deeper,
ever deeper.

He is the good husbandman
who patiently awaits
the early and latter rain of God's grace.
Without looking for results,
he sows in faith,
trusting God will give the increase,
in His own time,
in His own way.

Sr. M. Gerard

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Please send me literature about becoming a Medical Mission Sister. I understand that this does not bind me in any way.

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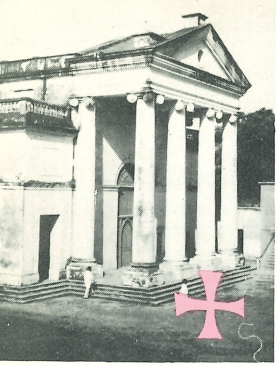

Historic Cathedral used by Bishop Hartmann, loaned to Medical Mission Sisters, Patna.

Bishop Anastasius Hartmann (1803-1866)

A Swiss Capuchin pioneer in Patna

Sr. M. Cuthbert

He was remarkably like Our Lord. That was what people noticed and remembered about Him. He had led a quiet, hardworking life in his native Switzerland and was already a mature man when he began his missionary work in India in 1843. Three years later he became Vicar Apostolic of Patna, a vicariate as big as France with some 37 million inhabitants, and perhaps 4000 widely scattered Catholics with four priests who did not know the language.

Patna, capital of Bihar and an important trading city, had been an established mission station since 1703, when the Sacred Congregation of Propaganda Fide sent the Italian Capuchins on a missionary expedition to Tibet and the forbidden Kingdom of Nepal. Now for lack of priests and sacraments many of the Catholics had lapsed. The Vicariate had no income and not one school or hospital. The few Churches were in ruins and the glorious Cathedral of 1772 neglected and in a terrible state of disrepair.

The Bishop and his priests lived in the purest Franciscan poverty. In person he begged his way by oxcart, by mule and on foot across the length and breadth of his vast vicariate in search of his lost and unknown Catholics, preaching and administering the Sacraments. He went through their towns and villages doing good at an uncalculated cost to himself sowing what others were to reap and praying constantly for more laborers to bring in the harvest. Everywhere he worked and begged, to repair the churches and build schools.

Suddenly he was called away from all this to be Administrator of Bombay. Portugal had rights of patronage there but not enough priests to send. When the Holy See began to fill the places left empty with other missionary priests, their authority was challenged. In face of a growing schism, Bishop Hartmann now used every means at his disposal. Because most of the people did not know the true facts, he founded *The Bombay Examiner,* still India's leading Catholic paper today. He used personal persuasion and diplomatic means. Once he was actually kidnapped by the leaders of the schism. He used courage, tact and perseverance but relied always on prayer and sacrifice.

He seems to have died of sheer exhaustion, and we who are concerned with India's missions today owe more than we shall ever know to this Capuchin from Lucerne.

NEWS FROM OUR HOUSES...

Africa at last! Sr. M. Cephas, R.N. at work in Holy Family Hospital, Ghana.

Africa

Ghana Independence Day

"Independence Day was a big holiday here, celebrated with drum-beating, native dancing and parades!

"Mr. Nixon sent his greetings to the Medical Mission Sisters through the Nana Berekum hene (Chief) who represented the Ashanti at Accra. The Chief and the local and Urban Council members came to a Mass of Thanksgiving in the Church on Sunday.

"Sr. M. Edmund and I went to the flag-hoisting ceremonies in the town and it was very nice to see the formation of the va-

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Hospitals
BEREKUM
KOKOFU
TECHIMAN
WELKOM

England

Novitiate
SOUTH SHIELDS

House of Study
OSTERLEY

rious groups of school children, some in yellow and others in green or white depending upon the school uniform of the school they were representing. The new flag is yellow, green and red with a black star in the center. Many of the women wore new "ntamas" (the scarf-like cloth which the women wear). The "ntamas" had pictures on them of the Prime Minister of the Ghana Dominion.

"Sr. Marie Therese made a flag for our hospital grounds, we now call Sister our "Berekum Betsy Ross!"

Sr. M. Cephas, Berekum, Ghana

Lagosian Patients

Holy Family Hospital, Techiman, Ghana, is a growing concern.

"Since the arrival of our doctor, the number of out-patients has steadily increased. Our two wards, with 8 beds each, one ward for men and children, the other for women is not quite sufficient for our 24 in-patients, today's census. We had to put some on the floor and on the verandah outside. Operations, major and minor almost daily, and babies being born day and night keep us out of mischief.

Many of our patients are originally from Lagos, Nigeria. They are smaller than the Ashanti, friendly, talkative and good traders. The women wear turban-like affairs on their heads that would make even Carmen Miranda jealous; many have markings cut into their faces as 'beauty marks'. The Lagosians have the custom of everyone coming to visit when one of their kinsmen is sick and *dashing* him a few shillings so that he can buy fufu and help pay his bill. They live just down the road from us in the 'Zongo' — where the traders live while in Techiman. It is solid Moslem. Every morning between 4:30 and 5:00 and again in the evening, one can hear the cry of the muezzin calling the people to prayer.

Sr. M. Theodore, Techiman, Ghana."

Pakistan

Progress in Pindi

Rawalpindi's Holy Family Hospital had a busier year than ever. As Sr. Elise puts it, this past year they did two months more work than the year before. "On November 1st, we had passed all the last year's statistics. 4800 admissions, 2000 operations and 733 babies born, of which 45 were by Caesarean operation, that took quite a bit of doing. In the Dispensary we had a daily average of 186 but at times we have 300 or more. We have four doctors working every morning and believe me, we need them."

Sr. M. Elise, M.D., Holy Family Hospital, Rawalpindi, Pak.

Poverty and Economics

"The economic situation is hard, the people so poor. Rice is now $18-30 per hundred pounds. NCWC sent us 250 lbs. free, a real Godsend as we use so much rice with our increasing numbers. Our in-patient census stays at 100 or more. Besides we have our student nurses and servants to feed. The latter would have nothing to eat, if we did not feed them."

Sr. M. Benedict, M.D., Holy Family Hospital Dacca, E. Pak.

Rome—Sr. M. Eleonore, M.D., Mother Anna Dengel, M.D., and Sr. M. Pauline, R.N. had the happiness of a special audience with the Holy Father in February. His Holiness assured them of special blessings for our families and benefactors.

India

Trained Nurses Meet

"Ten of our Sister Nurses from different parts of India met in Calcutta for the 45th Annual Conference of the Trained Nurses Association of India. This Conference was marked by a record attendance of 958 delegates. The roll call was interesting: 5 delegates from Burma, 3 from Indonesia, 2 from Thailand, 1 from Ceylon, 1 from Pakistan, 16 from Assam, etc. The student nurses were well represented also, with 184 members sent from 37 Units throughout India. They exhibited their models, charts and hobbies, each hoping to attract the eye of the Judges so that they might take back a prize. The students from our Holy Family Hospital, New Delhi, won first prize for their Handicraft exhibit and Patna Holy Family Hospital was awarded the Khorshed Klan Cup for the model of 'Growth and Development of the Baby'. They were very proud of themselves and had their picture taken for the Trained Nurses Association of India Magazine."

Sr. M. Bertrand, R.N.,
Patna, India

Sr. M. Ursula (Wilmington, Del.) holds the keys of Holy Family Hospital, Dacca, E. Pak., but the cupboards are pretty bare.

Philadelphia

Mission Bound

1957 seems to be a series of departures for the mission fields. Sr. M. Cephas, R.N., made hers to Africa in January. Sr. M. Carmela, R.N., left Philadelphia on the 11th of February, sailing on the S.S. CITY OF BROOKLYN for Patna, India. She was accompanied by Sr. M. Veronica, S.C.N., from Kentucky, also bound for India. Their first stop was St. John's, New Brunswick, where they were royally received by the Sisters of Charity of the Immaculate Conception.

Sr. M. Blaise, R.N., Venezuela-bound, after three attempts, beginning on Feb. 26th, managed to get on a plane March 3rd. She left Maracaibo on March 7th for Caripito, her destination.

March winds also set the sails going for two from Missouri, Sisters M. Bernard, R.N,. and M. Clarene, who sailed on the SANTA MONICA for Maracaibo, March 8th. And on the 9th, departure bells rang out again for Sister M. Thomas, R.N., Sr. M. Julia and Sr. M. Baptista, R.N., as they boarded the S.S. SILVER MOON headed for Pakistan. Happiest of all, was Sr. M. Thomas, a veteran, returning after 10 years, to the Dacca Mission, where she will be stationed at Mymensingh.

Gratitude

"Our people are extremely poor, but grateful. A few days ago one

of our patients with Leprosy arrived carrying a live chicken and a cucumber for the Sister Doctor! He had a terrible ulcer on one foot when he came several months ago. This was his way of saying a big 'Thank-you.' "

Sr. M. Stephanie,
Thuruthipuram, S. India

New Corporal Work of Mercy

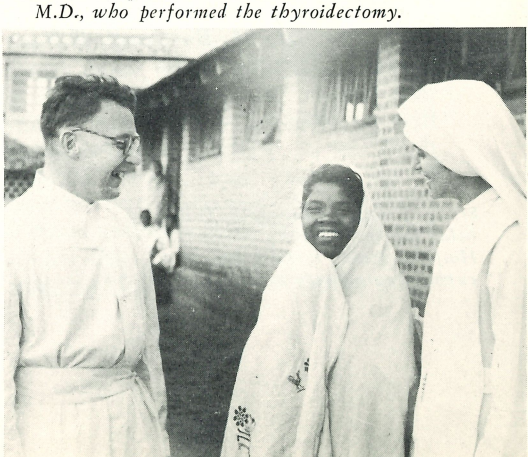
"December and January have been tremendously busy in the O.P., with lots of variety. We have been playing *cupid* for little girls and boys with hare lips, burn contractures, etc. And we have had almost an epidemic of thyroidectomies, parotid tumors and anemias. The Australian Jesuits (from Hazaribagh) have been giving blood most generously. You can't imagine how anemic these people are and what an example it gives them when His Grace, the Bishop, dropped his pastoral letter to come out and give blood for a little Hindu girl. He counts it as one of the corporal works of mercy. The Fathers and Seminarians in Ranchi, have always been our Living Blood Bank in Mandar."

Sr. M. Frederic, M.D., Holy Family Hospital, Mandar

Sr. M. Clare (Baltimore, Md.) caps the first probie at Holy Family Hosp., New Delhi, India.

Sr. M. Charles, R.N. (Dubuque, Iowa) recently assigned to Holy Family Hospital, Kodarma, India, in the mica district.

Mr. Brian O'Connell, S.J., the patient for whom he gave his blood, and Sr. M. Frederic, M.D., who performed the thyroidectomy.



medical mission world

Sr. M. Marion, B.S., M.T.

EYE DISEASES IN MOROCCO

Southern Morocco's climate and its people's traditions combine to form ideal conditions for conjunctivitis and trachoma. A joint government and WHO campaign has supplied medical teams to this area —but they have no easy task of it. Women absolutely refuse to see a male ophthalmologist, and even resist the efforts of the nurses who try to improve the hygienic conditions of the **aialet** or women's quarters. Progress, however slow, is being made, and many young eyes that formerly would have been infected soon after birth are now healthy.

WHO Newsletter, Nov-Dec 1956

NURSES IN HONDURAS

The National Nursing School of Honduras has undergone complete reorganization from plan of studies to students' uniforms. This school was organized in 1943 and at present has 26 students. Their diplomas will be recognized anywhere in the Western Hemisphere.

Honduras News Notes, Nov. 1, 1956

RAUWOLFIA

Rauwalfia is a small perennial weed-like plant found in East Pakistan, India, Ceylon, Burma, Thailand, and Java. As a drug it has been known and used in the Orient from time immemorial. Since its introduction to Western medicine a few years ago, it has become almost indispensable to physicians who use it very successfully for the treatment of high blood pressure. At present India is the sole exporter of rauwolfia, but it is expected that Pakistan, and other countries also, will eventually enter into world trade in this now greatly demanded commodity.

Pakistan Observer, April 1956

CHESHIRE HOMES

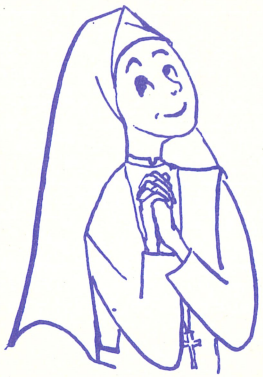
A former RAF ace, Group Captain Leonard Cheshire, has devoted his life, since World War II, to the cause of peace. He has already established over a dozen homes for incurables. These include ten in England and three completed, and three under way in India. Cheshire's aim is to give his guests a real family life. Accordingly, they take part in the administration of the homes, as far as they are able. Anyone can be admitted; Indians, Europeans, Catholics, Protestants and Hindus all live together as brothers. Capt. Cheshire has requests for new foundations of these homes from Malaya, Burma and Thailand.

Worldmission Fides Service, Oct. '56

SMALL POX

The Government of Colombia, at the end of 1955, took a drastic step to speed up the eradication of small pox. They declared vaccination compulsory for every individual over three months of age. Since that time prospects are excellent that complete eradication will be possible within five years.

WHO Newsletter, Jan-Feb, 1957



Pleasz...

Aspirin Tablets
Poona Dispensary begs all that you can send.

Compress Dressings
4 x 4, in great demand everywhere, especially, Techiman, Africa.

Cellu Cotton
100 lbs. for Berekum, Africa ..... 25¢ lb.

Fountain Pens
6 Durable pens for Sisters and Students in Berekum, Africa, would be a great help ..... each $1.00

Lamp for "Surgery"
Just one more essential for Patna's new O. R. $300.00

Linen
10 yards for the Altar in Changanacherry. Per Yd. 2.25 ..... $20.00

Parcel Post Mystery Packages
For the Motherhouse Garden Party that is fast coming upon us. Value ..... 50¢
Send to: 5388 Chew St. Phila., Pa.

One Good Cook Book
For the new cook in Changanacherry, India $3.50

Oxygen Canopy
New Delhi has many very sick patients 4 needed ..... $12.50 each

Vitamins
All the missions but especially Thuruthipuram, S. India.

Water Softener
A necessary attachment to the well-pump in Rawalpindi $145.00

thank you

MEDICAL MISSION SISTERS, PHILADELPHIA, 11, PA.

Dear Sisters:

Here is my gift $..... towards your mission needs in .....

Name .....

Address .....

City ..... *Zone* ..... *State* .....

SHE whose heart had been placed in the tomb with the body of her Son

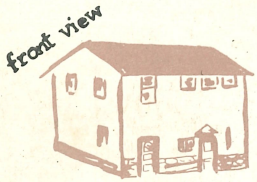
AROSE

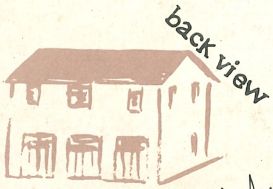
with Him in the light of divine victory.

Guardini

Mrs. Edward Froehlich
339 Southmont Blvd.
Johnstown, Pa.

dear ol' St. Ben's





Listen dear people and you shall hear
a tale of St. Ben's, an old building dear . . .
First 'twas a stable and then a garage,
and now it's defined the "All-Purpose Hodge-Podge".

Just twenty by forty, it houses all this:
Classes, pill sorting and singing practice,
elephant painting, appeals to be stamped,
with laundry and storage, are we ever cramped!

There's Arts and Crafts too, and table tennis,
(the flying balls are quite a menace).
In the attic turned sewing room, the Sisters are toiling,
In winter they're frozen, in summer they're boiling.

We're not quite finished yet, there's more besides,—
the editor types, the Mother General resides.
We love old St. Ben's but it just won't do!
We need a new building. Can we count on you?

P.S. — laundry, storage, ironing in rear!

MEDICAL MISSION SISTERS, PHILADELPHIA 1,1, PA.

Dear Mother Dengel:

Here is my contribution $..... towards helping the Sisters reach their destination — more housing.

Name .....

Address .....

City ..... *Zone* ..... *State* .....